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NAME OF SOLE OR FIRST INVENTOR A petition has been filed for this unsigned inventor								
Given Name (first and middle (if any)) Giorgio				Pamily or Sur	Name name P	izzoni		
inventor's Signature							Date	
Residence: City Upper Arlington state Ohio					Country	USA	Citizenchip Italy	
Mailing Address 1938 Concord Road								
Mailing Address								
City Upper Arlington	Signe Ohio			21P 4	3212		Country USA	
NAME OF SECOND INVENTOR:								
Given Name (first and middle [if any]) Ahmed Pamby Name or Surname Soliman								
Inventor's Signature Date								
Residence: City Upper Arlington State Obio Country USA Citizenship Egypt								
Mailing Address 1894 Elmwood Avenue								
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City Upper Arlington State Obio Zip 43212 Gountsy USA						Gountry USA		
Additional Inventors are being framed on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

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ADDITIONAL INVENTOR(S)

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Supplemental Sheet Page 1 of 1 DECLARATION Name of Additional Joint Inventor, if any: A patition has been filed for this analgaed inventor Family Name or Surname Given Name (First and middle (if any)) Pisu Pierlulei inventor's Date Signature Country USA State Chio Ciffrenship Raly Residence: City Columbus Mailing Address 1170 Chambers Road, Apr. SB Mailing Address COUNTY USA State Ohio ZIP 48212 City Columbus A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (First and middle (if any)) Family Nome or Surnamo Amberkar Sanker 9. 07/15/02 laventer's Date Signature COUNTY USA CHERNSHIP USA State MI Residence: City Ann Arbor Mailing Address 1888 Brian Ridge Drive Malling Address Country USA ZIP 48108 DM charge City Ann Arbor Name of Additional Joint inventor, if any: A patition has been filed for this unsigned inversor Family Name or Surname Given Name (first and middle [if any!) Murray Brian T. 7/15/02 inventor's COUNTY USA <u>Citizemahlo USA</u> State MI Residence: Qiv Novi Malling Address 40710 Hemberbrook Malling Address COUNTRY USA ZIP 48375 State MI City Novi Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very deponding upon the needs of the inclinious case. Any deminants on the statement of time you are required to complete this form should be deal to the Chief Information Officer, U.S. Patient and Tradjenant Office Wisterlandon, on the amendment of the your are required to complete the form should be deal to the Chief Information Officer, U.S. Patient and Tradjenant Office Wisterlandon, on the Chief Information Officer, U.S. Patient and Tradjenant Office Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient and Tradjenant Officer Wisterlandon, or the Chief Information Officer, U.S. Patient Officer Wisterlandon, or the Chief Information Officer, U.S. Patient Officer Wisterlandon, or the Chief Information Officer, U.S. Patient Of

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DECLARATION FOR UTILITY OR

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PATENT APPLICATION (37 CFR 1.63)

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Rizzoni et al.

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November 9, 2001

Attorney Docket Number | OSU1159-143C

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First Named Inventor

Application Number

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My residence, post office	address, and citizenship are a	is stated below next to m	y name.		1			
I believe I am the original,	, first and sole inventor (if only	one name is listed below	v) or an original, fir	st and joint inventor (ıf plural			
names are listed below) o	of the subject matter which is c	laimed and for which a p	eatent is sought on	the invention entitled	 1			
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment specifically referred to above I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications.								
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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of								
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NAME OF SOLE OR FIRST INV	ENTOR			A petit	tion has been fil	ed for this unsigned inventor		
Given Name (first and middle [if any]) Giorgio				Family or Sur	Name name Rizzoni			
Inventor's Signature Date								
Residence: City Upper Arlington state Ohio Country USA Citizenship Italy								
Mailing Address 1938 Concord Road								
Mailing Address								
City Upper Arlington	State Ohio			ZIP 4	3212	Country USA		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Ahmed Family Name or Surname Soliman								
Inventor's Signature Date 7/8/02								
Residence: City Upper Arlington State Ohio Country USA Citizenship Egypt								
Mailing Address 1834 Elmwood Avenue								
Mailing Address								
City Upper Arlington	State Ohio ZIP 43212 Country USA				Country USA			
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if a	A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname					
Pierluigi				Pisu				
Inventor's Signature						Date 07/10/02		
Residence: City Columbus	Sta	te Ohio		Country USA		Citizenship Italy		
Mailing Address 1170 Chambers Road, Apt. 5B								
Mailing Address								
City Columbus				ZIP 43212	Countr	y USA		
Name of Additional Joint Inventor, if ar	ıy:			A petition has been file	for thi	s unsigned inventor		
Given Name (first and middle [if any])			Family Na	ne or S	urname		
Sanket S. Amberkar								
Inventor's						Date		
Signature				O USA				
Residence: City Ann Arbor State MI Country USA Citizenship USA								
Mailing Address 1888 Briar Ridge Drive								
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City Ann Arbor	Sta	ate MI		ZIP 48108	Cou	ntry USA		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]	Family Name or Surname							
Brian T. Murray								
Inventor's Signature Date								
Residence: City Novi State MI			Country USA			Citizenship USA		
Mailing Address 40710 Heatherbrook								
Mailing Address								
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